L05000119889

(Re	equestor's Name)	
(Ac	idress)	
•		
. (Ac	ldress)	
(Ci	ty/State/Zip/Phon	ie #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Document Number)		
Certified Copies	_ Certificate	s of Status
Special Instructions to Filing Officer:		
		ghol"
<u></u>		

Office Use Only



200080564732

10/09/06--01032--024 **25.00

06 OCT -9 PM 4: 07

SECRETARY OF STATE
DIVISION OF CORPORATIONS

COVER LETTER

TO: Registration Section Division of Corporations	ON: OCTUBER S
SUBJECT: KELLY K (Name of Lim	REATIONS LLC
(Name of Lim	ited Liability Company)
Dear Sir or Madam:	
The enclosed Resignation of Member, Managing	Member or Manager and fee(s) are submitted for filing
Please return all correspondence concerning this	matter to the following:
·	
JOANNE MEI (Name of Person)	PEYTREMANN
(Name of Person)	
	·
(Firm/Company)	
1327 FLAGSTO (Address)	NE AVENUE
(Address)	
CELEBRATION,	FL 34747
(City/State and Zip Code)	
For further information concerning this matter, p	lassa coll·
JOANNE MEI	icase can.
DELLES AS AS AS AS	33, 938-4973
(Name of Parson)	at (321) 939-4973 (Area Code & Daytime Telephone Number)
(Name of Ferson)	(Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	rananassee, rionua 32317
Enclosed is a check for the following amount:	•
- Deas rui - r	Describer p. 0
\$25 Filing Fee	\$55 Filing Fee & Certified Copy
CR2E079 (8/05)	Columbia Copy



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, JOANNE MEI PEYTREMANN, hereby resign as MANAGING MEMBER
(Title)
of KELLY KREATIONS LLC
(Limited Liability Company)
a limited liability company organized under the laws of the State of $F \cap R \cap R$, and affirm that the limited liability company has been notified in writing of the resignation.
,
(Signature of resigning manager, managing member or member)
(Signature of resigning manager, managing member or member)

FILING FEE IS \$25.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

SECRETARY OF STATE
DIVISION OF CORPORATION

O6 OCT -9 PM L: 07

CR2E079 (8/05)